

STANDARD CERTIFICATE OF DEATH

47132
STATE FILE NUMBER

FILED JAN 20 1958

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 460

1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Macon			
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Elmer		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin		Length of stay in lb 10 days		d. STREET ADDRESS Walnut Township South Of Elmer		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Alva Middle R. Last Robinson				4. DATE OF DEATH Month December Day 30 Year 1957			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 3 1891		9. AGE (In years last birthday) 66	IF UNDER 24 HRS. Months 7 Days 27 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter & Painter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Macon County Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME John W. Robinson		13b. MOTHER'S MAIDEN NAME Icy V. Cosby		14. NAME OF HUSBAND OR WIFE Mertie Robinson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 494-38-4130		17. INFORMANT Mertie Robinson		Address Elmer Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PROFOUND UREMIA Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Prostatic Hypertrophy & NEPHRITIS DUE TO (c) FECAL IMPACTION						INTERVAL BETWEEN ONSET AND DEATH UNKNOWN	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 610x						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT. <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour o.m. p.m. 		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 12-20-57 , to 12-30-57 and last saw ^{him} alive on 12-30-57 Death occurred at 9:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Paul Laughlin Jr. (Degree or title)				22b. ADDRESS Elmer, Mo		22c. DATE SIGNED 1-3-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan 1 1958		23c. NAME OF CEMETERY OR CREMATORY Elmer		23d. LOCATION (City, town, or county) (State) Elmer Macon County Mo	
24. FUNERAL DIRECTOR W. H. McCallister		ADDRESS South Gifford Mo		25. DATE RECD. BY LOCAL REG. 1-13-1958		26. REGISTRAR'S SIGNATURE Doris W. Rathoff	

JAN 22 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Clyde W. Carlson*

Licensed Embalmer No. 3226

P. O. Address South Gifford Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.